


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90041 029 \*\*\*150.00

**DOCUMENT # P94000092099**

1. Entity Name  
**INDUSTRIAL MARKETING CORPORATION OF FLORIDA, INC.**



Principal Place of Business  
**450 ROYAL PALM WAY  
 6TH FL  
 PALM BEACH, FL 33480**

Mailing Address  
**1764 NO. CONGRESS AVE.  
 STE 200  
 WEST PALM BEACH, FL 33409 US**

**40002022**



2. Principal Place of Business  
**11891 US Highway One**  
 Suite, Apt., #, etc. **Suite 100**

3. Mailing Address  
 Suite, Apt., #, etc. \_\_\_\_\_

01112005 Chg-P CR2E034 (10/03)

City & State  
**North Palm Beach, FL**

City & State \_\_\_\_\_

Zip **33408** Country \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

4. FEI Number  
**65-0548663**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEIN, MIMI  
 1764 NO CONGRESS AVE  
 STE 200  
 WEST PALM BEACH, FL 33409**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOLTZ, MAJORIE S	
STREET ADDRESS	44 COCOANUT ROW	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STOLL, JONATHAN	
STREET ADDRESS	2000 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLEMING, JOSEPH M	
STREET ADDRESS	450 ROYAL PALM WAY 6TH FLOOR	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STEIN, MIMI	
STREET ADDRESS	1764 NO CONGRESS AVE STE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11891 US Highway One Ste 100	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Mimi Stein, TD* **1/11/05** **561-687-0700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #